OIPE	PART B - FEE(S) TRANSMITTAL					
MAY 0 5 2008		her with applicable	or <u>Fax</u>	Commissioner for P.O. Box 1450 Alexandria, Virgin (571)-273-2885	Patents nia 22313-1450	
IN CITION his appropulation and archer indicated unless correcte maintenance fee notifical	form should be used f correspondence includir ed below or directed of tions.	or transmitting the ISSU of the Patent, advance of the Patent, advance of the transfer in Block 1, by (a	JE FEE and PUBLIC rders and notification a) specifying a new of	CATION FEE (if require of maintenance fees with correspondence address;	ed). Blocks I through 5 s Il be mailed to the current and/or (b) indicating a sepa	hould be completed when correspondence address a arate "FEE ADDRESS" fo
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EAST HANOVI	ER, NJ 07936-1080		Martha Martin (Depositor's nar			
					nartin	(Signature)
				May 1, 20	068	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	√TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/522,443 TITLE OF INVENTION	10/27/2005 I: METHOD OF MANU	FACTURING A CONTA	William Jordan H CT LENS	all	CL/V-32580A/CVA US-PCT	8655
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0 05 (05 (00)	\$1740	06/27/2008
EXAMINER		ART UNIT	CLASS-SUBCLAS	3	08 SDENBOB4 00000030	502965 10522443
SUGARMAN, SCOTT J		2873	351-177000	01 FC:15 02 FC:15	01 1440.00 DA 04 300.00 DA	•
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Living Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page; itst 1  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Novartis AG  Basel, Switzerland						document has been filed fo
		r categories (will not be p	•		rporation or other private gr	oup entity Governmen
4a. The following fee(s) are submitted:			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2965 (enclose an extra copy of this form).			
	ns SMÄLL ENTITY stat	us. See 37 CFR 1.27.	• •		L ENTITY status. See 37 C	
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Authorized Signature	- 0 1 A	Salas	Date May 1, 2008			
Typed or printed name Robert Ambrose Registration No. 51,231						
			on is required to obta	in or retain a benefit by th	ne public which is to file (ar	nd by the USPTO to process

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